

## LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Grand Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 862-6030. No fee is required.
- This form must be submitted within 5 days of any changes in your registration for us, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any termination of employment or representation.

FOR OFFICE USE ONLY  
Postmark Date: 03/03/04

SOPP

1. NAME: Wicherry  
LastChristopher  
FirstD.  
MI

1040427

2. BUSINESS PHONE: 225-382-34923. BUSINESS ADDRESS: 301 Main St., One American Place, 18th Fl., Baton Rouge, LA 70825  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_MAILING ADDRESS: P.O. Box 3503, Baton Rouge, LA 70821  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_4. EMPLOYER: Kean, Miller, Hawthorne, D'Amico, McCowan & Jamison, L.L.P.5. EMPLOYER'S ADDRESS: 301 Main St., One American Place, 22nd Fl., Baton Rouge, LA 70825  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: Payton Steel CorporationAddress: P.O. Box 5000, LaPlace, LA 70069Business or purpose: Steel Manufacturing New RepresentationDoes this person pay you? NoIf No, who pays you? Kean, Miller, Hawthorne, D'Amico, McCowan & Jamison, L.L.P.

[ ] Delegated Representative as of:

## SUPPLEMENTAL REGISTRATION FORM

2. Name:

Address:

Business or purpose:

 New Representation

Does this person pay you?

If No, who pays you?

 Terminated Representation as of:

3. Name:

Address:

Business or purpose:

 New Representation

Does this person pay you?

If No, who pays you?

 Terminated Representation as of:

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (I.S.A.R.B. 24:50 et seq.) has been deliberately omitted.

  
Signature of Lobbyist